MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

the funeral shauld be fi physicion AL VS A15 (4)

PUSIT Services	HTARG TO STA		
	į,		
			Marin Salato I per Albert (18)
		See 40 11 25 12 12 12 12 12 12 12 12 12 12 12 12 12	
			The second secon

FOR STATE HEALTH DEPT.

TO DECULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. They delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2, with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12320 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1 21 11306

VI	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutes, Residence before admission
	Charles	a. STATE Maryland Maryland
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	write RURAL and give nearest town)	
-	Hughesville	Charlotte Hall
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENC ON A FARM
V		Rural YES NO
3	. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print)	(FC) (DEATH 10 7 1961
1	001121 1912161	Gocaring
1	7. MARIGED NEVER MARKIED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
4	Male Negro WIDOWED DIVORCED	May 9, 1921 40 yrs.
	0a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Truck driver Feed mill	Maryland USA
1	Truck driver Feed mill	Maryland USA
1		
	William Goldring (dec)	Mary Hawkins (dec)
	5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
1,		ry F. Goldring - Charlotte Hall, Md.
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Fractured Cerv	ical Spine 5 min
	DUE TO Consider of Character	7.1
V	Conditions, if eny, which (b) Crusned Chest,	Internal Injuries
	gave rise to immediate cause	
1	(a), stating the underlying automobile Acc	ident
1,	(c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
MOLEVER	TAKI II. OTTEK SIGNIFICANT CONTINUES TO SENTENCE	PERFORMED?
1		YES NO
TIGHT.	2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (E	inter nature of injury in Part I or Part II of item 18.)
18	PRIMARY TO OF CONTRIBUTING Speeding sut o out	of controll and overturned
340	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLA	CE OF INJURY (Home, farm, † 20f. (City or town) (County) (Stata)
MEDIC	Hour am III / While Not While	ory, street, office bldg., etc.]
M		ighway Hughesville, Charles, Md.
	21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection X, Inquiry X, and in my opinion
	death resulted from: Natural causes Accident XI, Suici	ide , Homicide , Undetermined manner
	1.1.11"	CHIEF MEDICAL EXAMINER
	ACTUAL ////////////////////////////////////	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATURE VICTORIAN CONTRACTOR OF THE SIGNATURE VICTOR	M.D.
	EXAMINER'S William T Hanne M. D.	
	NAME (Type) William J. Kurz, M.D.	Address (Street, city, town, or county) La Plata, Md.
2	2a. BURIAL, CREMATION, 22b. DATE THER OF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (State)
	Burial 10/10/61 St. Marys	Cemetery Byrantown, Md.
7	3. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	P.B. Robinson - Leonardtown, Md.	DACCT 1 6 '61 Cirthy S. House
	r.b. robinson - requercrown, Md.	DARCT 16'61 Circling S. House

(out) nathray works (out) conjunted railing to the torror of the second of Central Charter Anternal In he 188 to great and to fill year and the file of THE RESERVE THE RESERVE TO THE RESERVE THE The state of the s

TO DY Y MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any tring is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far you'f files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registror priar to buriol, cremation, ar remayal.

VS. AISME(S) 5M 9/5S

٨	MARYLAND S	TATE DEPARTMEN	NT OF HEALTH	-BALTIMORE,	18
11321	MEDICA	L EXAMINER'S	CERTIFICATE	OF DEATH	Re
TH			2. USUAL RESIDENCE (Whe	re deceased lived. If instit	uliana

		- 1	1	47	4	p.Aug
Reg.	Dist.	No.	1.	2	U	1

			II a manual and a second				
1. PLACE OF D	A		2. USUAL RESIDENCE (Where deceas	b. COUNTY	ice before admission)		
	CHARLES	MARYLAND	MARYLAI	VI) CH	ARIES		
b. CITY OR 1	OWN (If outside corporate limits, write RURAL parest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If Gutside corp	porate limits, write RURAL and	give nearest tawn)		
	GHESUILLE	14RS.	X HUGHES	VILLE			
d. NAME OF	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)						
			1 BENEDICT	- ROAD.	YES NO		
3. NAME OF	First	Middle	Lost 4. DATE	Manth	Day Year		
(Type or prin	" VOSEDH	HOWARD	HAGGERTY DEATH	OCTOBER	10 1961		
S. SEX	6. COLOR OR RACE 7. MA			9. AGE (In years IF UNDER 1			
MALL	= RAUCASIAN WIDO	WED DIVORCED	MARCH 29 1894	lost birthday) Months D	Pays Haurs Min.		
10a. USUAL OC	CUPATION (Give kind of work done 10 of working life, even if retired)	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fareign o	ountry) 12. CITIZ	EN OF WHAT COUNTRY?		
1		LUMBER	WEST WIRE	SINIA	U.S.		
13. FATHER'S N			14. MOTHER'S MAIDEN NAME				
AR	THUR HAGE	ERTY	ELIZA BET	TH ASHC	DAET		
15. WAS DECE	ASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 8	NFORMANT	Address			
Yes	WWI-3mas	236-12-4726 MI	25. J. H. HAGGE	RTY: HUGH	ESVILLE MA		
18. CAUSE	OF DEATH [Enter only one cause per I	ine far (a), (b), and (c).]		1	INTERVAL BETWEED		
PAR	I I. DEATH WAS CAUSED BY:	CUTE CAI	DIAC DECIMA	PENSATION	ONSET AND DEATH		
45	DUE TO	2	O CCOM	ENSALIBA	10111111		
Canditian	. if you sublish)	CHONORY	Salepacis		can series and		
gave rise t	a immediate cause	DROWARY	JULE RUSIS		UNKNOW		
(a), statin	8 me andershing						
	(6)	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1/61/19 WAS AUTOPSY		
ATIO					PERFORMED?		
200. EXTERI	NAL CAUSE WAS 20b. DESC	RIBE HOW INJURY OCCURRED. (F	inter nature of injury in Part I or Port II	of item 18.)	YES NO		
PART 20g. EXTERI PRIMARY D CAUSE OF	NAL CAUSE WAS OF CONTRIBUTING DESCRIPTION		mor notice of improvement of the form	NO INS	URY		
3 20c. TIME C	OF INJURY Month, Day, Year 20	d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City	or tawn) (Coun	ity) (Stote)		
20c. TIME (c. m 19	hile Not while fact	ory, street, office bldg., etc.)		(5.5.5)		
	tify that I took charge of th		va hold an Autonic 🔲 Ja	anatia National	Fed 10: 111		
	sulted from: Notural causes	There		spection Inquiry	and find that		
Gedinire	Notice in Color Cooses	M. Accident L. 301	cide, Homicide, Ur	determined couse			
ACTUAL	(1.0 11	4 01.	CHIEF MEDICAL EVAMINED T		DATE SIGNED		
SIGNATUR	John H.	Luffen	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER		10 1 1		
EXAMINER NAME (TY)	JOHN H.	GRYFFIN AC	TING DEPUTY MEDICAL EXAMINER		16/10/61		
22a. BURIAL, CE		224 NAME OF CEMETERY OR	CREMATORY 22d LOCAT	ION (City, town, ar county)	(State)		
Bur	17 L OCT. 13,196	/ Louden t	ark cem, Bal	. Timore, 11/	ary land		
23. FUNERAL DI	RECTOR'S SIGNATURE	ADDRESS / dox	C M 24a. REC'D BY REGISTI	A /	NATURE		
Muni	I runeral H	ome, Woldor	DATE OCT 1 8 '6'	arthur S. T.	icalla		

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

may be Mained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

TO HOS

VS A1S (4) 1SM 9/S5

urs ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11322

CERTIFICATE OF DEATH

Reg. Dist. No.11308

1. PLACE OF DEATH O. COUNTY OHAR LES MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ARXIV 4411 b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (RURAL)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL HUGHESVILLE
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Rudy Fabin	JAMESON 4. DATE Month Day Year DEATH OCTOBER 11 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [CAUCASAW WIDOWED DIVORCED [lost Districtory) Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER FARMING	G MARYLAND US.
II. FATHER'S NAME Jameson	14. MOTHER'S MAIDEN NAME Murphy, Harristies
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (If yes, give wor or dates of service) 2/7-36-7299	Mary M. Jameson, Addrés Hughesville
	ELEROTIC HEART DISEASE 6 MENTH ECOMPENSATION) ZED FRIERIO SCLEROSIS 10 YEARS
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO PART 1 or Port 11 or Port 11 of item 18.)
	e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) foctory, street, office bldg., etc.)
21. I certify that I attended the deceased from DECEI alive an OCTOBER 11, 1961, and that de ACTUAL SIGNATURE John H. Juffu PHYSICIAN'S NAME (Type)	MBER, 1955, to OCTOBERII, 1961, that I last saw the deceased eath accurred at 900 P. M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED LAND. LECTIFES VILLE MO. 10/11/6/
220. BURIAL, CREMATION, 22b. DATE THEREOF BERMOVAL (Specify) Oct. 14, 1961 St. Mar	RY OR CREMATORY 23d LOCATION (City, town, or county) Md. (State)
23. FUNERAL DIRECTOR'S SIGNATURE HUNTE FUNERAL Home, Walder	9, Md, 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE T 1 8 '61 Conday & Known

SUE I Lavagas HTAPRI TO BY	
	CHATHER TO THE CONTRACT OF THE
The state of the s	
AND IN THE PARTY OF THE PARTY O	
	I The same of the
	(I T) away like the second and the like
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	A CHANNEL TO THE OWN THE

event

any

5

IFICATION

				-379
1	1	3	2	3

Charles

CITY OR TOWN (If autside carporate limits

Cardinal Johnson

PLACE OF DEATH a. COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

TE OF DEATH

•	TE OF BLATTI	11200
	2. USUAL RESIDENCE (Where deceased lived on STATE Maryland	b. COUNTY Charles
1	c. CITY OR TOWN (If autside carporate li	mits, write RURAL and give nearest tawn)

b. CITY OR TOWN (It autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TO
La Plata		Brya
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Physicians Memorial	address)	d: STREET AL

MARYLAND

ntown STREET ADDRESS

Barbara Johnson

e. IS RESIDENCE ON A FARM? YES INO DO

(State)

	7											7 63
3. NAM DECE (Type		Tarita		Middle Arlene	Johnson		4. DATE OF DEATH	Man Oct		Do 2	,	Year 1961
5. SEX Fema	ale		7. MARRIED [NEVER MARRIED M	B. DATE OF BIRT			9. AGE (In years last birthday) yrs.	Months 4		IF UND Haurs	Min.
duri	JAL OCCUPATION Mark	ON (Give kind af wark king life, even if retired	dane 10b. KIND	of Business or Indi		IACE (State		ountry)		S.A		COUNTRY
13. FATH	IER'S NAME	10 Styl 10 Styl			14. MOTHER	MAIDEN N	IAME					

	Acres organisms - and					
	. WAS DECEASED EVER IN U. S. A	ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Ad	dress
Ĺ	No		None	Cardinal	Johnson, Bryantown,	Maryland
	1B. CAUSE OF DEATH [Enter PART I. DEATH WAS CA		er line for (a) (b), and (c).]	celio	Francia	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which	DUE TO				4 days
	gave rise to immediate cause (a), stating the under-					1

PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. PERFORMED? YES NO 20h DESCRIRE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18

4	OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH		SCENIES. (Eller harde at may) in the first at the series		
MEDICA	20c, TIME OF INJURY / Haur a. m. p. m.	Manth, Day, Yea	v 20d. INJURY OCCURRED While Nat while at wark at wark	20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.)	(Caunty)	(State)

ta 10129 1961, that (1) (we) last 21. I certify that (1) (this hospital) astended the deceased fram 10/20 saw the deceased alive on / and that death accurred of M, from the causes and on the date stated above. 22a. SJGNATUR 22b, DATE SIGNED ATTENIDING

	Musam	2	men	M.D.	PHYS.	DIRECTOR	PHYS.	
	22c. PHYSICIAN'S	1	1./	0	22d. ADDRESS	2	00000	A 1
	WILLIAM	1.	MURZ		6A	1 / 6	ATA	MA
_								

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) 23a. BURIAL, CREMATION, Burial (Specify) Bryantown, Maryland 10-30-61 St Marys

24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR The Huntt Funeral Home, Waldorf, Md. DATE OCT 3 1 '61 arthur & Kines

4000225 XVL

VR A15 (4) 15M 9/59

CONTRACTOR STATE TOWN WITH THE may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board at Health priar to burial, crematian, or remayal, and in any event, within 72 haurs ofter death.

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO HO VR A15 (4) 15M 9/59 MARYLAND STATE DEPARTMENT OF HEALTH

11324 IVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

 0-	p	11	
25	C	3)

1. PLACE OF DEATH o. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY							
Charles MARYLAND	Maryland Charles							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata							
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE							
OR INSTITUTION	ON A FARM?							
Physicians Memorial Hospital	YES NO 🚅							
3. NAME OF First Middle DECEASED (Type or print) Tamost And have	Last 4. DATE Month Day Year OF DEATH Contains 200 1063							
James Arthur	rilkerton Uctober 22 701							
A MINISTER MANIMED IN	lost birthdoy) Months Doys Hours Min							
Male White WIDOWED DIVORCED	October 22, 1961 yrs. 10							
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Marvland							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Y-b- District Director	Public Transaction of Williams							
John Phillip Pilkerton	Ruth Irene Swann La Plata, Maryland							
(Yes, no, or unknown) (If yes, give war or dates of service)	Faither, Phillip							
no	touther, showing							
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH							
IMMEDIATE CAUSE (a) Despirature								
Conditions, if ony, which (b) dimmakurily:	(1 , 11							
Conditions, if ony, which gove rise to immediate (b) Ammaturily:	(alot 4 1/2 mis gestation)							
couse (o), stoting the under-								
lying couse lost. (c)								
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO W							
	D. (Enter noture of injury in Port I or Port II of item 1B.)							
Lago. Accident was underlying a 20b. Describe how injury occurred or contributing a cause of death (if either, notify medical examiner)	OR CONTRIBUTING CAUSE OF DEATH							
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)							
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for While Not while of work 19 of work 19	ctory, street, office bldg., etc.)							
21. 1 certify that (I) (this haspital) attended the deceased fram	220ct 1961, to 220ct , 1961, that (1) (we) last							
	leath accurred at 12:25 from the causes and an the date stated above.							
220. SIGNATURE	gedin decorred difference in an ine date sided above.							
1101 - 111)	ATTENDING MED STAFF _ 73 CT _ SIGNED							
22c. PHYSICIAN'S	M.D. TITO.							
NAME (Type)	22d. ADDRESS							
Arthur O. Wooddy	La Plata, Maryland							
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O BURIAL (Specify)								
24. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
(Ru. D. W. Saffred loapide)	had, DATE MOV 17 181 Only & Kraus							
2066341XV00								

the Company of the Alexander the off . Tende Eines Och 33 Per mar try Sund pard too port 11.5. (ling to 10 S. find the pole hat

TO HO

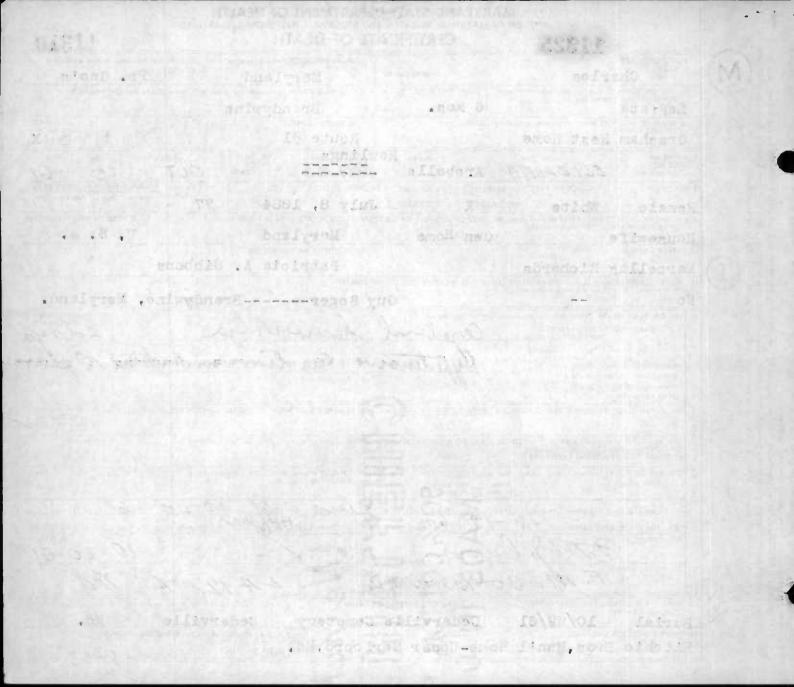
VR A15 (4) 15M 9/59

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11325

11310

1	1. PLACE OF DEATH o. COUNTY	MARYLAND	o. STATE	ere deceased lived. If institution: Res			
/	Charles		Maryland Pr. Geo's				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Lap ata		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brandvwine				
Ò	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Grasham Rest Home	oddress)	d. STREET ADDRESS Route #1	14×	e. IS RESIDENCE ON A FARM? YES NO		
	3. NAME OF DECEASED (Type or print) EZIZABETH	Arabella Ray	Mold Mark	4. DATE Month OF DEATH	20 196/		
	5. SEX 6. COLOR OR RACE 7. MARK		8. DATE OF BIRTH July 8. 1884	lost birthdoy) Mont	HDER 1 YEAR IF UNDER 24 HRS. This Days Hours Min.		
	10o. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	STRY 11, BIRTHPLACE (Stote of	or foreign country) 12	CITIZEN OF WHAT COUNTRY?		
	during most of working life, even if retired)	Own Home	Maryland		U. S. A.		
	Housewife	JAIIOIUG	14. MOTHER'S MAIDEN N		0. 0. 1.		
1			1				
)	Marcellus Richards			a A. Gibbons			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address			
	No	Gu	y Seger	Brandywine,	Maryland.		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under: lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS (C)	Geneleval Hyperleman CONTRIBUTING TO DEATH BUT	herror	Augentanillo NAL DISEASE CONDITION GIVEN IN	PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO PART III		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Port II of item 18.)			
	20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. 19 White of wor	Not while foo	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		(County) (Stote)		
	21. I certify that (I) (this haspital) attends as the deceased alive an 16 - 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	196/, and that 6	ATTENDINGME	A Trom the causes and on	10 -20 - G		
0		The Jose Me		THAIA	1101		
>	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, or cour	nty) (Stote)		
<	Burial 10/22/61	Cedarville	Cemetery.	Cedarville	Md.		
	24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE		
	Ritchie Bros.Fun'l Ho	me-Upper Mar	T poro, My 10	V 2 '61 wither	& Thous		



a. IS RESIDENCE

YES NO

19

Hours

INTERVAL BETWEEN SET AND DEATH

> PERFORMED? NO .

> > (Stete)

22b. DATE

SIGNED

IF UNDER 24 HRS.

Min.

Dey

Devs

(County)

arthur & House

DATE OCT 1 0

ON A FARM?

VR A15 (4) 15M 9/60

18 TEXT CONFORMS SHEET A STATE OF 2. 15 18 18 Cite the contraction of the contracti CAMPAGE SHIPLE SALES SALES CASING ME CHANGE ARE CHEEK TO ACCURE SAIN FOR THE HOURT FAMOUS HOURS IN BOOK AND STORES TO WAR TO THE

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEDTIFICATE OF DEATH

1	11327 CERTIFICATE	11319
Y	1. PLACE OF PEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. STATE b. COUNTY
1	b. CITY OR TOWN (if curside corporate limits, write RORAL and sive newest town	c. LITY OR TOWN (If outside corporate Halits, write RURAL and give neerest town)
1	d. NAME OF MOSPITAL OR INSTRUCTION (if not in hospital give freet eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	3. NAME OF DECEASED First Middle C	Last 4. DATE Month Dey Yeer
	(Type or print) + KAKK TETEM OMF	ALL WOOD DEATH 10 1961 DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED D	-6-1887 Jest birthdey) Months Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, eyen (retired) THE COLD LARO REAL LARO R	11. BIRTHPLACE (County & State, or (creigh country) 12. CITIZEN OF WHAT COUNTRY?
1	THOMAS Lec SMALL WOOD	Betty Digges,
1	15. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN: (Yes, no, or unkown) (Tresgive were detesofservice)	ARV h. NUCHETTE (DAUGHTER) ALA
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c) PART I. DEATH WAS CAUSED BY:	SIA - CE AR ARO VAD INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if eny, which (b) a caideur	11/1 0-10-010-10-01
	geve rise to immediate ceuse (a), steling the underlying ceuse lest. (c) (b) (b) (c) (c) (c)	urian 1955
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter neture of injury in Pert I or Pert II of item 18.)
	Hour a.m. While Not While factory	COFINJURY (Home, farm, 20f. (City or town) (County) (Stata)
	21. I certify that (i) (this hospital) attended the deceased from	1110
	saw the deceased alive on	death occured affirm, from the causes and on the date stated above. 22b. DATE SIGNED
	22c. PHYSICIAN'S M.D.	DING DIRECTOR DING
	NAME (Type) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	del lale nel
	TEMOVAL (Specify) 10-9-6/ SACRED	HEART ARTHURANT (Stete)
	24 FUNERAL DIRECTOR'S SIGNATURE HOME WALDORF	DATE OCT 10 361
- 3		

tasit 4.6 · 4 15 (... EXAMPLE OF THE COMPLETE OF THE SECOND STATES OF THE 1-6-11-0-E THE YOUR DESIGNATION OF THE PARTY OF THE THOUGHT THE STRUCTURE STRUCTURE STATES A Come MANY hallower a consented The Field States Fine Contract of the HERETTENED FROME, WHIDDER MD MORROWN ELLES

VR A15 (4) 15M 9/59

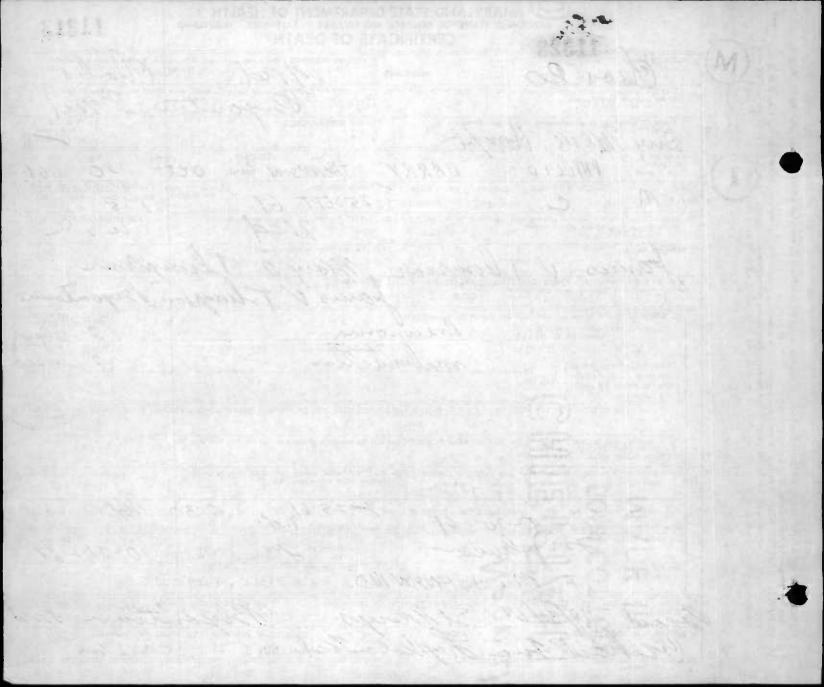
2066338XV4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11313

II CALL	VEAFW	C11 2	4145	LLCON	03 -	- DACIII
CER	TIFL	CA	TE	OF	DE	ATH

1. PLACE OF PEATH a. COUNTY LOS CO	MARYLAND	a. STATE b. COUNTY	soce before admission)
b. CITY OR TOWN (If outside corporate limits, wri RURAL and give pagest town)	te c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town) - Recol
d. NAME OF HOSPITAL (If not in hospital, give strong in Stitution	reet oddress)	d. STREET ADDRESS	e. IS RESÍDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) PHILLIP	BARRY	THOMPSON DEATH OCH	> Day Yeor 1961
M C WIDE	MARRIED NEVER MARRIÉD OWED DIVORCED	25 SEPT 6/ lost birthdoy) Months	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	None * "	ma	TIZEN OF WHAT COUNTRY?
13. FATHERS NAME	leoupeon	Mary of Thonger	on
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, 6. og unknown) (If yes, give wor ar dates of service)	16. SOCIAL SECURITY NO. 17. I	Comes V Theopen 13	ryantom
18. CAUSE OF DEATH [Enter only one couse por PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	er line for (o), (b), and (c).]	nia	INTERVAL BETWEEN ONSET AND DEATH
772,0 DUE TO Canditions, if ony, which)	malmin	lution	2 meles
gove rise to immediate couse (o), stating the <u>under:</u> lying cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITIO	ns <u>contributing to death</u> but	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20b. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Part II of item 18.)	
Hour o.m.		ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(Caunty) (State)
21. I certify that (I) (this hospital) att		9625-6/, 19 , ta 10-30 , 19 death accurred a 48M, from the causes and on the	that (1) (we) last ne dote stated abave.
220. SIGNATURE Propoliti	and a second	M.D. PHYS. MED. STAFF	226. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	JOHNSON M	10. La Plata, Maryland	
235 BURIAL, CREMATION, 23b. DATE THEREOF (10/31/6)	23c. NAME OF CEMETERY OF	OR CREMATORY 23d. LOCATION (City, town, or county Sylvanto	(Stote)
24. FUNERAL DIRECTORY SIGNATURE	ADDRESS Pal	250. REC'D BY REGISTRAR 256. REGISTRAR'S S	SIGNATURE S. KLAUR



retained by the haspital or attending physician.

TO HO

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

77 \$50

11314

1. PLACE OF DEATH o. COUNTY Charles MARYLAND					2. USUAL RESII	DENCE (Who	ere deceased nd	d lived. If instituti b. COUNTY		rles		ion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf 3 yrs					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf						
	d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospitol, g N	d. STREET A	DDRESS						IDENCE FARM? NO 🌋		
	NAME OF DECEASED (Type or print)	Fir MAR		Middle	Los WELCH		4. DATE OF DEATH	Mon		Day Yeor 15, 1961		
	emale	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH April 8,			9. AGE (In years lost birthdoy) 70 yrs.	Months	R 1 YEAR Doys	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife The properties are the during most of working life, even if retired) Housewife Domestic				14. MOTHER'S	MAIDEN N	nd AME	Higgs		U.S.		OUNTRY?	
15. (Ye		ILSON Higgs VER IN U. S. ARMED FOR (If yes, give wor or doles of s			NFORMANT ames E. V			Add				
FICATION	Conditions, if gove rise to couse (o), stotin lying couse los	g the under-)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	/EN IN PA	RT 1(o) 1	PERFO	RMED?
OR CONTRIBUTING CAUS		Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter noture o	f injury in P	ort I or Por	t II of item 18.)			YES []	NO [
MEDICAL	20c. TIME OF INJU Hour o. m p. m	. 19	While of wor	Not while fo	ACE OF INJURY (octory, street, office			or town)	4: /	(County)		(Stote)
	21. I certify the saw the dece 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ased of the of the	de J.	0	death occurred M.D. ATTENDING PHYS. 22d. ADDRI	G ME	M, fram	the causes an			stated	we) lost abave. b. DATE SIGNED
230	BURIAL, CREMAT REMOVAL (Specif Burial		F	23c. NAME OF CEMETERY C	OR CREMATORY			tion (City, town, land, Mar			(Stot	e}
24. FUNERAL DIRECTOR'S SIGNATURE The Huntt Funeral Home, Waldorf, Marylan							T 2 0 '6		strar's s			

ON RELIE Inagent rather than the state of

FOR STATE HEALTH DEPT. DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a meessary, alease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 5 should be forwarded to the Chiefe Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. Pruneral DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, it is designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

b 4 D OH

VS. A15ME

SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11315

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission								
o. County Charles MARYLAND	STATE Maryland Ann Arundel								
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Benedict	Edgewater (Rural)								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS								
	ON A FARM? YES NO S								
NAME OF First Middle Wil	kinson Jr. 4. DATE Month Day Yeer								
	DEATH October 29 , 19 61								
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
Male White WIDOWED DIVORCED	October 1 . 1941 20 yrs. Months Deys Hours Min.								
	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY								
Auto Mechanic Garrage	Maryland U.S.A.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Joseph P. Wilkinson , Sr.	Jeannette Asquith								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address								
(Yes, no, or unkown) (If yes give wer or detes of service) 212-40-0816 Je	eannette Wilkinson - Edgewater, Maryland								
18. CAUSE OF DEATH [Enter only one cause per line for [6], (b), end (c)]	INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) Tracling	ONSET AND DEATH								
DUE TO C	0 0 0 10								
Conditions, if any, which \ (b) Cusling	my my of alust 10 mms								
gave rise to immediate cause	K Y 1 HP								
(a), steting the underlying cause last.	in the its that the dreatet are								
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELAND TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
[9]	PERFORMED?								
Auto Accident	YES NO X								
PRIMARY OF CONTRIBUTING	(Enter neture of injury In Pert I or Pert II of Item 1B.)								
operator of flato w.									
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)								
1:07 ppsm. 10/29/ 19 61 et work et work Hi	ghway Benedict, Charles, Maryla								
21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection , Inquiry , and in my opinion								
death resulted from: Natural causes Accident X, Sui-	cide . Homicide . Undetermined manner								
1.1 21. 11/	CHIEF MEDICAL EXAMINER								
ACTUAL SIGNATURE WILLIAM KONTON M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED									
EXAMINER'S	DEPUTY MEDICAL EXAMINER IN								
NAME (Type) William J. Kurz , M.D. Le	2 Platadress (Street did town) or county)								
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stete)								
Burial Novemberl, 61 St. Mary's									
20 FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								
Hopping Funeral/Home Annapolis, Mary	land DATE NOV 1 '61 Orthur & thate								

logoing Curerol Lors (Aunapolis, Mar-land Commission

Surial commonel, 61 it. Pary'n Good by Annueli, Savilari